

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

28 APR 2006

SERIAL NO.

10/664646

FILING DATE

10/25/06  
(06) 205-0421

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2		2		
4		2		2		
5		0		0		
6	/		/	2		
7	/		/			
8	/		/			
9		3		3		
10		0		0		
11		0		0		
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TOTAL IND.			5			
TOTAL DEP.			40			
TOTAL CLAIMS			45			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						